Chapter IV

RESPONSE

1. Background

a. Incidents involving NBC materials may occur without warning and at a time of day and location that will produce chaos, confusion, and casualties. In a no-notice incident, local emergency service and possibly state and federal agency personnel will be the initial responders. Local emergency-response assets are likely to be overwhelmed by the effects or the threat of an incident. On the other hand, local or state responders may have quickly organized at or near the incident using a response-management system that is typically called an ICS. The ICS is used to coordinate actions among various federal, state, and local responders. The ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure and is used to manage assigned resources to accomplish the stated objectives. The domestic challenge to the JFC is to coordinate the merging of DOD support into the ICS. Significant incidents may warrant multijurisdictional responses and the formation of a UC structure within the ICS. A civilian UC system would include all individuals or agencies that have jurisdictional responsibility (i.e., city, county, state officials). This organization would help coordinate federal, state, local, and private resources together in a response-management system to mitigate the consequences of an incident.

b. The President will issue a proclamation to activate a federal response (to include DOD support) to an incident. The response could involve DOD elements responding to an event at their own installation (foreign/domestic) or to an incident that may have occurred within the civilian community (see Figure IV-1). This chapter addresses the general process flow and potential DOD-asset involvement in response support should an incident occur in an area such as an adjacent community or a joint AO. The USJFCOM provides forces for an incident response within the US and its territories. The USCINCSO (Puerto Rico and the US Virgin Islands) or the USPACOM (Hawaii, Alaska, Guam, American Samoa, etc.) would request support from the USJFCOM for forces to support an incident response in their AOR. For responses in other areas, the appropriate military unified commander may establish a JFC for support to the DOS.

c. The initial actions taken in the early minutes and hours of a WMD response can determine the outcome of an incident—success or failure.

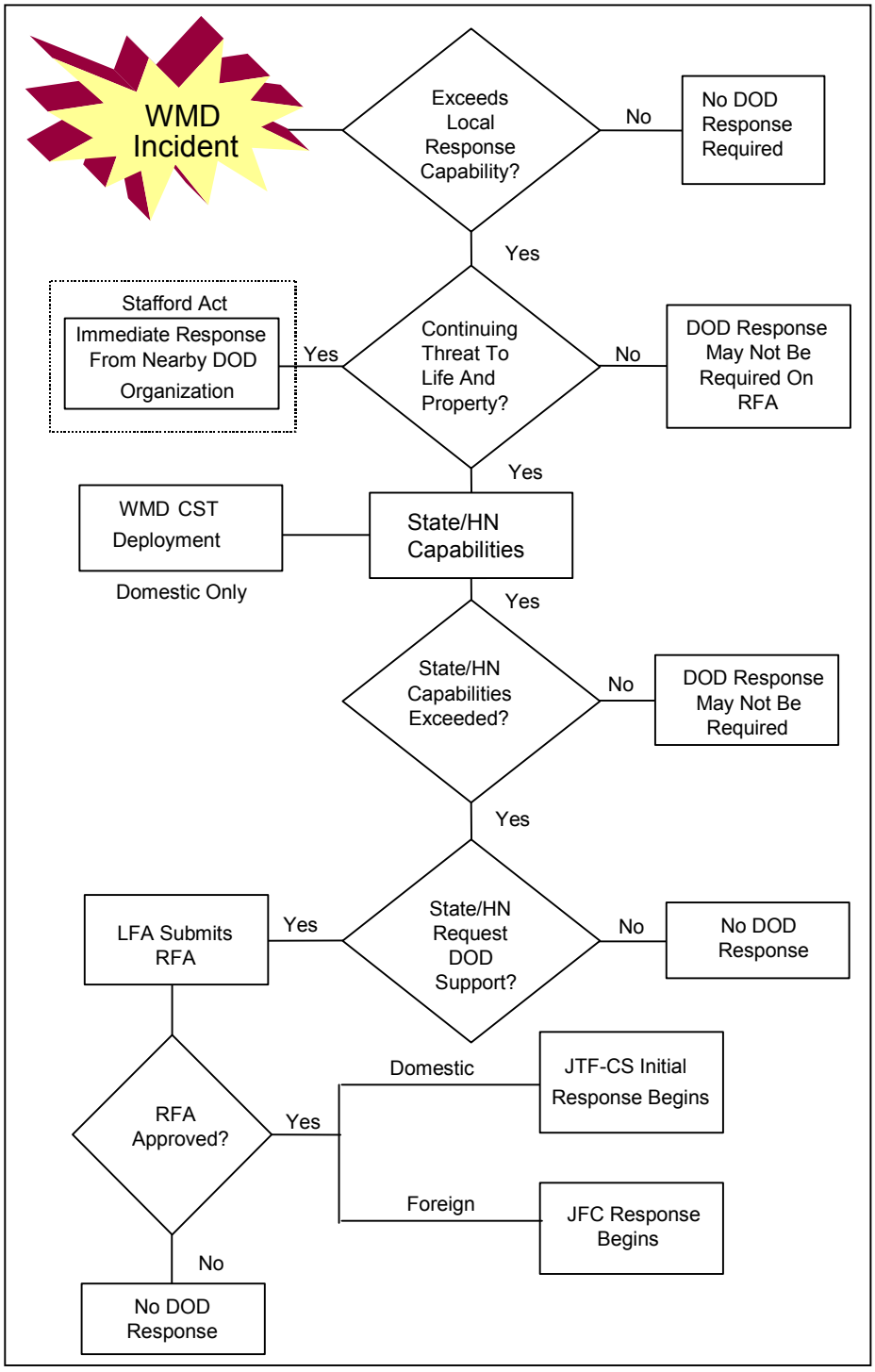

Figure IV-1. Graduated-Response Overview

2. Notification

Notification begins when an incident report is submitted. Notification of the event triggers a potential immediate response under the Stafford Act. Subsequent notification of an approved FEMA RFA triggers the domestic response provided by DOD. Furthermore, unit-level or national notification could occur.

a. Unit-Level Notification. All DOD personnel should be trained to notify the chain of command and proper authorities of a suspected incident. Typically, units would use an emergency net to notify fire and medical personnel, security forces, and response elements.

b. National Notification. According to applicable directives, commanders submit reports and follow-up reports (as required) (where national-level interest has been determined) directly to the National Military Command Center (NMCC).

3. Common Responsibilities

General on-scene tasks include detection, assessment, and containment. These tasks must be accomplished deliberately, but with caution and safety. The senior on-scene official would assume control of the incident site and ensure the safety of the responders. Responders will—

a. Approach the incident area with care from upwind or crosswind, maintaining a safe distance from the site. If NBC materials are suspected, detected, or identified, ensure that the appropriate notification and reporting requirements are met. Treat the incident site and area as a crime scene.

b. Be aware of warning signs indicating the presence of lethal agents or potential hazards.

c. Be aware that incidents may be masked by a hostage situation, a disgruntled employee, protests, or accidents.

d. Notify the FBI for domestic incidents or the DOS for foreign incidents. While the FBI or the DOS assumes jurisdiction for the investigation, the installation commander provides the initial and immediate response to any incident occurring on an installation in order to isolate and contain the incident. In all cases, the command of military elements remains within military channels.

e. Begin determining the nature of the incident. If no detection capability exists, the first responders continue response operations safely. They observe signs and symptoms to further define the hazard until a follow-on team with detection capability (or other coordinated support) arrives. If follow-on forces are required, the first responders remain on site to alert follow-on forces to the extent and the characteristics of the incident.

4. Immediate Response

a. The DOD policy for an "immediate response" authorizes military commanders to respond to civil authorities' requests for emergency military support. It gives the commander the authority—

- To support an incident response without formal activation or direction when immediate serious conditions exist and time does not permit prior approval from higher HQ.
- To save lives, prevent human suffering, or mitigate great property damage under immediate serious conditions where there has not been a Presidential declaration of a catastrophe, a major disaster, or an emergency. The policy is based on the Stafford Act.

b. While the policy allows for an immediate response, it requires commanders to advise the DOD executive secretary through command channels by the most expeditious means available and seek approval or additional authorizations as needed. Although an immediate response can be provided on a reimbursable basis (if possible), it will not be delayed or denied because of the inability or unwillingness of the requester to make a commitment to reimburse the DOD. Commanders must exercise extreme caution if electing to deploy under the auspices of an immediate response. While this policy allows for great flexibility, commanders ensure that immediate-response deployment authority is used as a last resort. The SECDEF's approval is required for DOD forces to respond to terrorist or WMD events.

c. The OSC will exercise C^2 of the immediate-incident scene, unless responding to an off-installation event where the civilian incident commander will accomplish C^2. DOD forces responding to an off-installation event are generally in a supporting role and will not take control of the situation from the LFA or the incident commander. Based on the severity of the incident, first responders may require follow-on response elements from other locations. The OSC may request follow-on elements from the various functional and technical areas, depending on the situation.

d. Follow-on response elements stage at an assembly area. The initial assembly point is a safe distance from the incident site to prevent interference and to protect personnel. If needed, the unit coordinates for follow-on resources. Response-force elements review both their individual and functional-area responder checklists.

5. Critical Response Tasks

Responders will be working with other agencies and must be aware of the protection measures being used at the incident site. Critical response tasks could include the following:

a. Initiating Protective Measures. Responders will use the appropriate level of protective gear. Only those personnel trained and qualified in using the selected level of protective equipment will be allowed within the hot zone.

b. Initiating Detection/Assessment. If the OSC does not have appropriate detection capabilities, he will develop incident information using signs and symptoms, as well as personal observations and interviews of casualties or personnel within the immediate area. Until adequate detection and identification capabilities are on scene, the OSC uses worst-case risk assessments. Included in the risk assessment should be consideration for the potential of secondary devices, to include chemical, biological, radiological, and explosive devices. When the threat data is known, analysis of the geographic extent of the risk and its consequences can be calculated locally or at a remote analysis center and conveyed to local command/management authorities.

c. Containing the Threat. Before any rescuers enter the hot zone, the senior on-scene official determines the safety zones based on hazard risk assessment. The security forces establish a perimeter and control access to the site by establishing an entry control point (ECP), which will serve as the sole entrance and exit from the incident site. Only personnel with verified authorization are permitted to enter the incident site. To contain the threat, critical requirements include—

- Response elements (if capable) to establish decontamination lanes (for both victims and responders); the lanes must be properly equipped and staffed by adequate numbers of qualified personnel.

- Medical personnel to ensure that personnel donning entry suits receive preentry physical screening.

- Civil authorities and personnel to operate and protect critical civilian infrastructures and systems (e.g., public utilities and medical facilities).

- Security forces to institute a personnel accountability system using identification such as badges, hats, armbands, and vests.

- The OSC to establish and maintain communications between the incident site and site installation CP.

- Responders to begin stabilizing the incident and limiting its impact.

6. Initial Response

a. Domestic. DOD resources would likely be requested in support of a federal response to a domestic WMD incident. Requests for DOD support originate from civilian authorities in the aftermath of a WMD detonation or release. An approved RFA from FEMA is required to trigger a response from the JTF-CS (refer to JP 5-00.2). When requested through appropriate channels, the DOD makes resources available to assist local, state, or federal authorities in response to a WMD incident.

(1) Upon appropriate notification, a JTF HQ deploys to support the LFA that is tasked with managing the coordinated federal response to a WMD incident. The JFC is normally delegated OPCON of DOD forces assigned to the mission. The JTF commander is the DOD operational commander on scene for CM actions in support of the LFA.

(2) Upon activation, the JTF provides a response capability, establishes liaison with military elements, supports crisis-management and CM operations associated with a WMD incident, and conducts requisite predeployment and deployment actions.

(a) Predeployment. During crisis-action planning, the JTF advance survey party moves to the vicinity of the incident to coordinate with the LFA, the state's EOC, and the on-scene response element. In addition to providing liaison officers, the JTF, with the DCO and the DCE, begins to plan and coordinate military support with FEMA. The advance survey party identifies mission requirements, as coordinated with the LFA. Based on mission requirements, the advance survey party establishes the main-body reception center/base.

(b) Deployment. Once established, the JTF is normally delegated and maintains OPCON of designated DOD forces responding to the WMD incident. The DCO and the DCE function as part of the JTF and lend expertise to CM planning and coordination. Once staged, the JTF executes the mission in support of the LFA.

b. Foreign. In a foreign scenario, the HN may request assistance through the DOS, which becomes the LFA responsible for requesting DOD support. To support a foreign scenario, a JTAC may be deployed.

(1) The JTAC Concept. A number of geographic combatant-commander assigned forces, service assets, and defense agencies exist to respond to various aspects of WMD CM. However, no single organization possesses the comprehensive CM capabilities required to address the spectrum of issues of a WMD incident.

(2) The USJFCOM as a Joint Force Provider. Based on the Chairman, Joint Chiefs of Staff Instruction (CJCSI) 3214.01, the USJFCOM is tasked to identify, coordinate, exercise, and—upon NCA directive deploy a joint cadre of technical experts—advise and assist geographic combatant commanders to conduct CM operations. The JTAC provides a single-source mechanism, which is dedicated to the needs of the supported geographic combatant commander. The USJFCOM defines the joint cadre through an implementation plan describing organization, C^2 relationships, forces, notification sequence, deployment timing, and exercise support. The cadre is composed of CONUS-based unified commander and service assets. When directed by the NCA, the USCINCJFCOM deploys specialized CONUS-based assets to augment the geographic combatant command's organic assets.

(3) The JTAC Initial-Reaction/Deployment Process. After an incident or when a credible threat exists of an NBC-related event, the geographic combatant commander identifies the need for technical expertise to augment his staff to assist in planning for CM operations in support of the HN. The supported geographic combatant commander requests through the SECDEF that the JTAC be deployed. Upon NCA approval, the SECDEF directs the USJFCOM to deploy the JTAC. The USJFCOM JOC receives notification of a deployment order and notifies the various members of the JTAC. The USJFCOM assists in coordinating transportation for the members of the JTAC to the supported geographic combatant commander's HQ.

(4) The JTAC's Composition. The JTAC's composition could include SMEs and response assets from several organizations. The organizations that could be tasked to provide personnel might include the following. (For more information on JTAC support elements, see Appendix D.)

- USMC's CBIRF.
- US Army Soldier Biological and Chemical Command's (USASBCCOM's) CB-RRT.
- Defense Threat-Reduction Agency (DTRA).

7. Response-Execution Considerations

The JTF's objectives are safeguarding lives, preserving health and safety, securing and eliminating the hazard, protecting property, preventing further damage to the environment, and maintaining public confidence in the government's ability to respond to a WMD incident. Responding forces initiate actions to restore conditions at and in the vicinity of the incident site. During this stage, the JTF develops a transition plan and a redeployment plan. The DOD response phase ends when civil authorities or other designated agencies are self-supporting and approve the release of the JTF. Additionally, to support the primary objectives of the JTF, key areas such as information management, logistics, technical support, public affairs, communications, safety, medical support, and public works are addressed.

a. Information Management. During the initial response phase (that includes predeployment and deployment), IM is critical to maintaining effective C^2 and coordination. IM tools provide the commander with the input needed to support incident visualization and decisions making.

b. Logistics. The logistics process facilitates the obtaining, maintaining, storing, moving, and replenishing of resources used in responding to a WMD incident. For example, transportation support is required to move assets, both human and materiel, in response to a WMD incident. This includes the ability to protect the transportation means and the operators during the response support. Elements of the sustainment process used to support an incident include contracting, negotiated support, military support, or support from other federal agencies.

(1) Contracting. Contracting, purchasing, renting, or leasing supplies or services from nonfederal sources are effective and efficient ways to provide support in a crisis. Included are all classes of supply or maintenance used in a WMD response situation. During the initial stages of an operation, contracting officers are required to procure supplies and services.

(2) Negotiated Support. In some cases, civil authorities have enough logistical resources to support not only themselves but also the military providing assistance. For example, civil authorities may provide housing, food, and fuel to JTF assets. Such support is negotiated on a case-by-case basis with the civil authorities.

(3) Military Support. Installations continue habitual relationships with units. Installations may also have to support personnel with whom they have no established support relationship. These personnel include civil authorities and elements from other services. If an installation or other sources discussed below cannot provide the required support directly, planners tailor a support force.

(4) Support From Other Federal Agencies. Federal agencies such as the General Services Administration (GSA) provide support to civil authorities. GSA provides general supplies and services that are common to more than one department of the federal government. While GSA can provide an extensive amount of support to the DOD, other federal agencies and organizations provide assistance depending on the nature, scope, and duration of the operation.

(5) Other. Special events package (SEP) containing caches such as decontamination, detection, and medical equipment may be pre-positioned as part of a preparedness program. This equipment can be transported by air and ground on a short notice and is available for use by both civilian responders and JTF elements.

c. Technical Support. The JTF staff conducts liaison and coordination and receives reports to remain updated on key operational, personnel, and logistical information. The JTF staff uses this information to support several tasks. These tasks include—

(1) Preparing reports, assessments, vulnerability analyses, and hazard predictions.

(2) Monitoring the augmentation of civilian and military NBC response elements.

(3) Maintaining incident information boards that include the following: event situation, event casualty and damage summary, weather and evacuation status, area closing and shelter facility status, resources status, hospital-bed availability, contracts and agreements, and incident logs.

(4) Collecting, processing, and disseminating information about the WMD incident to other elements.

(5) Preparing employment strategies for the separate WMD response elements.

d. Public Affairs. The principal PA objectives are to ensure that accurate information is provided to the joint information center (JIC) and communicates a calm, measured, and reasonable reaction to the ongoing incident. The PAO prepares draft media releases and conducts briefings (as required). The PAO stays fully apprised of the situation as it develops. Experience has shown that by bringing in media early under reasonable conditions, credibility is maintained and freedom of information is preserved.

e. Communications. C^2 communications systems must incorporate telecommunications, data-transfer, cell phone, and simultaneous phone-line capabilities and be secure and satellite based. In addition, communications systems should be

independent of military switching and stand-alone systems so that competing communications requirements (e.g., civilian systems and military systems) will not interfere with incident communications requirements. A crucial aspect of the response plan is establishing and controlling communications among the forces in the incident area, the operations center, and the various response elements. Communications elements respond to changing needs during the incident and maintain over a period, control of all incoming and outgoing communications as well as the communications channels. The commander ensures that adequate warning means, response and management means, nets, frequencies, equipment, and redundancies are available to link the efforts of all (internal and external) incident response elements. Separate nets are established for the command net and the security net. Nonoperational traffic communicates via landlines or cellular telephones.

f. Safety. The JTF staff and its assets support the incident commander with continuous updates. For example, tools such as the site safety plan are kept updated to ensure the safety of responders and citizens. Site safety considerations that the JTF staff monitor include—

(1) Analyzing the hazards at the incident site and conducting a risk analysis of those hazards.

(2) Maintaining and updating the site map or sketches.

(3) Updating the site work zones (hot, warm, and cold).

(4) Monitoring decontamination-area operations.

(5) Ensuring that the site communications diagrams remain updated.

(6) Updating information on the location of CP(s) or command centers.

(7) Maintaining and updating hazard-monitoring overlays and results.

g. Medical Support. Following an incident, health-services support includes providing selected health and medical care, as required, and augmenting local support capabilities. Large numbers of casualties in short periods of time can compromise both the quality and quantity of health care and constrain mobility and evacuation. Coordination by the JTF staff with HN, state, and/or local medical facilities is necessary to ensure that medical plans include procedures to treat and care for contaminated or infected personnel (see Figure IV-2). PVNTMED specialists and pathologists need a database of naturally occurring diseases and procedures to quickly assess and identify suspicious illnesses and diseases. Medical teams require special training in the identification, treatment, and handling of contaminated casualties and remains. Medical facilities have areas designated to treat and segregate contaminated patients. While decontamination of nonambulatory casualties is performed before evacuation, many casualties, during a terrorist incident, will self-evacuate, arriving at the hospital still contaminated. Hospitals should have the capability to detect contamination and to decontaminate. Antidotes and treatments for potential agents from commercial or industrial sources are considered in the casualty-management plan and stockpiled based on threats. Contaminated-patient transport and

contamination-control measures are incorporated into litter and ambulance operations. Planners coordinate the establishment of the on-site medical-treatment area.

h. Public Works. DOD CM assets support the local public works to ensure that facilities remain operational or critical infrastructure damage is remedied or mitigated. Selected support measures that assist public works personnel may include—

(1) Helping to establish plans for the hazard area and disposal of hazardous waste.

(2) Supporting the production, transportation, maintenance, and medical monitoring of potable water supply.

(3) Deploying damage assessment teams.

(4) Providing power sources and water for on-site decontamination.

(5) Providing backup power to the incident site.

(6) Assisting with hazard containment.

(7) Providing environmental expertise and technical assistance.

(8) Providing emergency clearance of debris for passage of emergency personnel and equipment.

CHEMICAL-CONTAMINATED PATIENTS

INTRODUCTION. Hospital medical-emergency-department (ED) staff caring for patients contaminated with toxic chemicals are at risk for developing toxicity from secondary contamination.

SITUATION. On April 11, 2000, a 40 year-old man intentionally ingested approximately 110 grams of a veterinary insecticide concentrate. On clinical examination at a local hospital ED (approximately 20 minutes after the ingestion), the patient had profuse secretions, vomiting, and respiratory distress. He was intubated for airway management and ventilation. To control secretions, he received pralidoxime and atropine.

The patient was brought to the ED by a friend, not by emergency medical services, and the friend also developed symptoms that required treatment. ED personnel exposed to the patient had symptoms within an hour of his arrival. The staff noted a chemical odor in the ED and contacted the regional poison center, which recommended decontaminating the patient's skin and placing the gastric contents in a sealed container to minimize evaporation; however, no decontamination was performed.

During this incident, health-care workers were exposed to a patient contaminated with an organophosphate insecticide. These health-care workers were not wearing appropriate respiratory or skin protective equipment while caring for the patient. As a result, three health-care workers developed symptoms consistent with organophosphate intoxication and required treatment.

For example, one health-care worker providing care to the patient developed respiratory distress, profuse secretions, emesis, diaphoresis, and weakness. She had contact with the patient's skin, respiratory secretions, and emesis. She was admitted to the hospital and required intubation for 24 hours to support respiration. After medical management and serial doses of atropine and pralidoxime for 7 days, her respiratory function improved, and she was discharged after 9 days of hospitalization.

SUMMARY. Depending on the extent of the contamination, health-care workers for chemically contaminated patients should use level C protection (i.e., a full-face mask and a powered/nonpowered canister-/cartridge-filtration respirator) or level B protection (i.e., a supplied-air respirator or a self-contained breathing apparatus). To prevent dermal absorption, chemical-barrier protection appropriate to the contaminant is needed; latex medical gloves are of little protection against many chemicals. In addition to the need for surface decontamination of patients, body fluids also must be contained to prevent dermal and inhalation exposure. To limit the distant spread of the contaminant, the EDs ventilation exhaust should also be directed away from the hospital's main ventilation system.

Figure IV-2. Emergency-Department Treatment of Contaminated Patients